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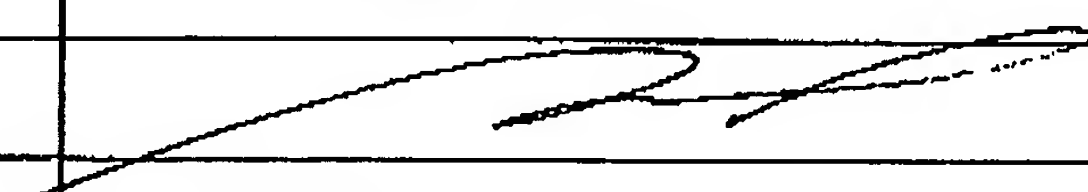



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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/006,922 | | | |
| | | Filing Date | December 4, 2001 | | | |
| | | First Named Inventor | LUKYANOV, SERGEY A. | | | |
| | | Group Art Unit | 1656 | | | |
| | | Examiner Name | Hope A. Robinson | | | |
| Total Number of Pages In This Submission | 22 | Attorney Docket Number | CLON-035CIP | | | |
| ENCLOSURES (check all that apply) | | | | | | |
| <table border="1"> <tr> <td> <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td> <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) </td> <td> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibits A and B </td> </tr> </table> | | | | <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Exhibits A and B |
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| Remarks | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | |
| Firm or Individual Name | BRET E. FIELD, Reg. No. 37,620 | | | | | |
| Signature |  | | | | | |
| Date | January 13, 2006 | | | | | |

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| I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: January 13, 2006. | | | |
| Typed or printed name | Donna Macedo | | |
| Signature |  | Date | January 13, 2006 |

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